

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155271		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/12/2011	
NAME OF PROVIDER OR SUPPLIER MILLER'S SENIOR LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 8400 CLEARVISTA PLACE INDIANAPOLIS, IN46256			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for Investigation of Complaints IN00087696 and IN00089001.</p> <p>Complaint IN00087696 - Substantiated. Federal/State deficiencies related to the allegations are cited at F514.</p> <p>Complaint IN00089001 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey dates: April 11 and 12, 2011</p> <p>Facility number: 000171 Provider number: 155271 AIM number: 100267050</p> <p>Survey team: Vanda Phelps, RN</p> <p>Census bed type: SNF 19 SNF/NF: 59 Total: 78</p> <p>Census payor type: Medicare: 21 Medicaid: 52 Other: 5 Total: 78</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0514	<p>Sample: 4</p> <p>Miller's Senior Living Community was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regard to the Investigation of Complaints IN00087696 and IN00089001.</p> <p>This deficiency also reflects a state finding cited in accordance with 410 IAC 16.2.</p> <p>Quality review 4/14/11 by Suzanne Williams, RN</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to maintain the clinical record of 1 of 4 sampled residents to include a written record of one verbal physician's order. This order to discontinue a medication was followed, but the official record did not contain a record of the order except on the MAR (Medication Administration Record). (Resident M)</p> <p>Findings include:</p>			F0514	<p>F514 Resident Records – Complete/Accurate/Accessible</p> <p>The facility respectfully submits the following plan of correction as credible allegation of compliance for the above mentioned regulations, Prefix F514.</p> <p>I. To correct the deficient practice the facility made a correction by notation to the closed record of Resident M.</p> <p>II. All residents have the potential to be effected by this deficient practice. An audit will be</p>		05/02/2011

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	<p>The closed clinical record of Resident M was reviewed on 4/12/11 at 11:15 a.m. It indicated Resident M was admitted on 3/3/11 for strengthening and antibiotics and was discharged to home on 3/11/11. Her diagnoses included hemiplegia resulting from a stroke, diabetes and dysphagia (swallowing difficulty) which necessitated a feeding tube.</p> <p>On the admission orders, Amitiza 8 mcg (micrograms), a bowel softening agent, was ordered to be given through the feeding tube once daily. The MAR indicated the medication was discontinued on 3/7/11; however, a corresponding physician's order was not located within the record. The MAR indicated it had not been given to Resident M since 3/6/2011.</p> <p>Interview with the Director of Nursing on 4/12/11 at 3:05 p.m. indicated LPN #1 had indicated to her that, during a M.D. visit to the resident, she and the physician discussed difficulties regarding putting this medication through the feeding tube and he said to discontinue it. She marked it on the MAR, but forgot to write a physician's order.</p> <p>The Director of Nursing indicated that, because the facility's records are mostly computerized, without a written M.D.</p>				<p>completed during the change over of the medical records from the month of April to the month of May. All records will be reviewed and the MAR will be compared to the computerized orders at that time. Any discrepancies will be addressed at that time.</p> <p>III. To ensure the deficient practice does not recur all nurses were reeducated on proper procedure for taking and processing physician orders according to policy.</p> <p>IV. An audit will be completed weekly by the DON or designee to ensure that physician orders are being processed according to policy. If there are any inconsistencies noted, they will be addressed at that time. If trends are noted the staff will be reeducated at that time.</p> <p>V. All systemic changes will be in place by May 2, 2011.</p>		

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	<p>order, Amitiza was still listed on the active medication list at discharge. Interview with the family member 4/11/2011 at 1:47 p.m. indicated staff informed her at discharge the Amitiza was not to be given although it was listed as an active medication.</p> <p>This federal tag relates to complaint IN00087696.</p> <p>3.1-50(a)(1)</p>						